

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                              |                |   |          |
|--|----------------|---|----------|
| 1 Date of Request: <u>7-22-05</u>                          |                | 2 Serial/Patent # <u>10/519875</u>  |          |
| 3 Please refund the following fee(s):                      | 4 PAPER NUMBER | 5 DATE FILED  | 6 AMOUNT |
| <input checked="" type="checkbox"/> Filing                 | 1              | 12/30/04  | \$ 100   |
| <input type="checkbox"/> Amendment                         |                |   | \$       |
| <input type="checkbox"/> Extension of Time                 |                |   | \$       |
| <input type="checkbox"/> Notice of Appeal/Appeal           |                |   | \$       |
| <input type="checkbox"/> Petition                          |                |   | \$       |
| <input type="checkbox"/> Issue                             |                |   | \$       |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. |                |   | \$       |
| <input type="checkbox"/> Maintenance                       |                |   | \$       |
| <input type="checkbox"/> Assignment                        |                |   | \$       |
| <input type="checkbox"/> Other                             |                |   | \$       |
|  |                | 7 TOTAL AMOUNT OF REFUND  | \$ 100   |
|  |                | 8 TO BE REFUNDED BY:  |          |
|  |                | <input type="checkbox"/> Treasury Check   |          |
|  |                | <input checked="" type="checkbox"/> Credit Deposit A/C #:   |          |
|  |                | <div style="border: 1px solid black; display: inline-block; padding: 2px;">           9   1   5   --   0   7   0   0         </div> |          |
| 10 REASON:   |                |   |          |
| <input checked="" type="checkbox"/> Overpayment            |                |   |          |
| <input type="checkbox"/> Duplicate Payment                 |                |   |          |
| <input type="checkbox"/> No Fee Due (Explanation):         |                |   |          |
|  |                |   |          |
|  |                |   |          |
|  |                |   |          |
| 11 REFUND REQUESTED BY:                                    |                |   |          |
| TYPED/PRINTED NAME: <u>A Johnson</u>                       |                | TITLE: <u>paralegal</u>   |          |
| SIGNATURE: <u>[Signature]</u>                              |                | PHONE: <u>308-9440</u>  |          |
| OFFICE: <u>PCT</u>   |                |   |          |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****      |                |   |          |
| APPROVED: _____  |                | DATE: _____   |          |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*